09/25/01	
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UTILITY FATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docke	t No.	20)402/0	627
First Named Invent	tor or Applicat	ion Identij	îer	Takayoshi Kyoutani
Title	AUT	OMATI	C ELE	ECTRONIC PARTS
	MOU	NTING	APP/	ARATUS

APPLICATION	ELEMENTS		ADDRESS TO	Commissioner for Box Applications Washington, D.O	3	
1. X Filing fee as calculated below 2. Applicant claims small entity See 37 CFR 1.27. 3. X Specification (preferred arrangement set for Descriptive title of the interpretation of the Invense of the In	W. Total Page: Orth below) Invention ated Applications d sponsored R & D Appendix tion Vention Total Page: Total	ges [9]] ges [1]] 11. 12. 3(d)) 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	Microfiche Comp Nucleotide and Submission (ii a. ☐ Computer F b. Specification S i. ☐ CD-RC ii. ☐ paper c. ☐ Statements ACCOMPAN Assignment paper For ASSIGNEE IN Graphication Dissipatement (IDS) Preliminary Am Return Receipt (Should be specified copy (if foreign priorical Contents) Other: Proposition of prior application of prior application, from we mpanying application in the contents of the	Washington, D.Couter Program (Appel Mor Amino Acid Seq f applicable, all necesta applicable, all necesta applicable form (CRF) dequence Listing on: OM or CD-R (2 copies a verifying identity of the course of the	andix) uence ssary) s) f above copies ATION PARTS ocument(s)) Copies of Attorney coplicable) Copies of IDS Citations 3) t(s) ary amendment, or in an eath or declaration is corated by reference	
	17.	CORRESPONDENC	E ADDRESS			
☐ Customer Number or Bar Code La	bel	t Customer No. or A	or	· 🗆 correspondence	address below	
NAME			olly Bove Lodge &	Hutz LLP		
			Suite 800	.		
ADDRESS			1990 M Street, N.W.			
					_	
CITY	Washington	STATE	DC	ZIP CODE	20036-3425	
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229	

				Fee Calculation	n <u>and T</u> rans	smittal			
	(Col 1)	1 [(Col 2)	(Col 3)	SMA	ALL ENTITY		NON-SM	MALL ENTITY
	NO. FILED	1 [NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	5	minus	20	= 0	x9=	\$		x18=	\$0
INDEP	1	minus	3	= 0	x40=	\$		x80=	\$0
_	First Presentation	on, Multiple	Dependent	Claims	+135=	\$		+270=	\$0
		Base I	Filing Fee			\$355			\$710
Other Fee (sp	ecify purpose)	Assignme	nt recordatio	<u>n</u>		\$			\$40
TOTAL FILING FEE* (accounting for possible small entity status)						\$	OR	TOTAL	\$750
							9 1		

[X]	A check in the am	ount of \$750.00 to cover the filing fee is enclosed
	No payment is en	closed at this time. Full payment will be made when the executed Declaration is submitted.
X	The Director is he copy of this sheet	ereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate is enclosed.
		Charge the amount of \$ as filing fee
	X	Credit any overpayment.
	X	Charge any additional filing fees required under 37 CFR § 1.16
	X	Charge any additional filing fees required under 37 CFR § 1.17
	\boxtimes	If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Assignee Name and address:
Matsushita Electric Industrial Co., Ltd. 1006, Oaza Kadoma-shi Osaka 571-8501 **JAPAN**

Applicant claims priority from Japan application No. 2000-290378, filed 9/25/00

Name (Print/Type)	Morris Liss	Registration No. (Attorne	y/Agent)	24,510
Signature	Man Jin		Date	6/25/01